| | | | | | | | | Application or Docket Number | | | | | |
|---|--|----------------------------------|---------------|-------------------------------|------------------|-------------------|--|------------------------------|--------------------------|--------|--------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2003 | | | | | | | | RD 09679514* | | | | | |
| | | CLAIMS | • | S FILED - PART I | | | SMALL | | | | OTHER | RTHAN | |
| | OTAL CLAIM | S | (Colum | (Column 1) (Co | | | TYPE | | | OR | SMALL | ENTITY | |
| | | | | | | | | Έ | FEE | | RATE. | FEE | |
| FOR | | | NUMBE | NUMBER FILED | | NUMBER EXTRA | | FEE | 385.00 | OR | BASIC FEE | 770.00 | |
| TOTAL CHARGEABLE CLAIMS | | | m | minus 20= | | * | | 9 = ·· | | OR | XS18= | | |
| INDEPENDENT CLAIMS | | | n | minus 3 = | | * | | X43= | | OR | X86= | | |
| MULTIPLE DEPENDENT CLAIM PR | | | PRESENT | | | | +145 | 5 = | | OR | +290= | | |
| * If the difference in column 1 is I | | | s less than a | ess than zero, enter "0" in o | | | TOTA | <u>.</u> | | OR | TOTAL | | |
| | . (| CLAIMS AS | AMENDE | MENDED - PART II | | | | | | J. ~ | OTHER | THAN | |
| | , | (Column 1) | | (Column 2) | | | SMA | LL i | ENTITY | OR | SMALL | • | |
| AMENDMENT A | 1 | CLAIMS REMAINING AFTER AMENDMENT | | FIGURE PREVIOUS PAID F | BER JUSLY | PRESENT: CXTRA | RAT | E· | ADDI TIONAL FEE | | RATE | ADDI TIONAL FEE | |
| | Total | . 20 | Minus | . 2 | 0 | - | XS 9 | = | | OR | X\$18= | | |
| | Independent | <u> 3</u> | Minus | *** | 3 ₋ _ | | X43 | | | OR | X86= | | |
| | FIRST PRES | ENTATION OF M | ULTIPLE DE | PENDENT | CLAIM | | +145 | | | | +290= | | |
| | | | | | | | TOT | 1 | | OR | TOTAL | - | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | EE L | | OR, | ADDIT FEE | | |
| AMENDMENT B | | CLAIMS REMAINING | | HIGHE | ST | | <u> </u> | | ADDI | 1 .f | | ADDI- | |
| | | AFTER AMENDMENT | | PREVIO | USL: | PRESENT EXTRA | RATE | | TIONAL FEE | | RATE | TIONAL FEE | |
| | Total | * | Minus | ** | | | X\$.9 | | | OR | X\$18= | | |
| | Inoependent | | Minus | *** | | = | X43= | 1 | 2, 1 | OR | X86= | | |
| لــــ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | -† | · · · · · · | | ·! | | |
| | | | • | | 9 | | +145 | | • : | OR. | +290≔ | • | |
| • | | | | • | | | TOT ADDIT F | | · · · | OR. | TOTAL ADDIT FEE | · · | |
| - | <u> </u> | (Column 1) | , | (Colum | | (Column 3) | | | | | | | |
| AMENDMENTC | | REMAINING AFTER AMENDMENT | | NUMBE PREVIOU PAID FO | ER JSLY | PRESENT EXTRA | RATE | | AUDI- TIONAL • FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | # # [*] | | = | X\$ 9= | | | OR | X\$18= | | |
| I I | Independent | * | Minus | *** | | = . | X43= | + | | | X86= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | \\\\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | + | | OR. | ∧00= | | |
| | Withoughty in column 1 is least then the enter in potential 2 digita 70 in and | | | | | | | | · | OR | +290= | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |
| 11 | ie nighest Numi | vei rieviousiy Paid | Los (sociator | machangeui | y is tile t | iignest number f | ound in the a | ihhio | יאוופוה מסצ | m comi | ш 1. | | |